o.:
C

DECLARATION AND POWER OF ATTORNEY UNDER 35 USC § 371(c)(4) FOR PCT APPLICATION FOR UNITED STATES PATENT

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below under my name;

	I verily believe I am the original, fi	rst and sole inventor (if only o	one n	ame is lis	ted	below) or an o	original, first
and joint	inventor (if plural names are listed	d below) of the subject matte	r whi	ch is clair	ned	and for which	a patent is
sought, namely the invention entitled		SOLENOID VALVE					
				claimed	in	international	application
number	PCT/JP2004/016586 filed	on November 9, 2004					
	I have reviewed and understand to	بالمائي والمراب والمرافق والمستمون والمراب	:e: _	ـ ء: ـ ـ ـ ـ ـ	_4:_		

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.

Under Title 35, U.S. Code § 119, the priority benefits of the following foreign application(s) filed by me or my legal representatives or assigns within one year prior to my international application are hereby claimed:

2003-410687 filed in Japan on December 9, 2003

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

As a named inventor, I hereby appoint the patent practitioners associated with Oliff & Berridge, PLC Customer No. 25944 as attorneys of record to prosecute this application and all continuations and divisions thereof, and to transact all business in the Patent and Trademark Office.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, CUSTOMER NO. 25944. TELEPHONE: (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Typewritten Full Name of Sole or First Inventor	Tsuneo NIWA				
		Given Name	Middle Initial	Family Name		
2	Inventor's Signature:	suneo	Niwa	**************************************		
3	Date of Signature:	April 24,	2006			
		Month	Day	Year		
	Residence:	Komaki-shi	Aichi-ken	Japan		
		City	State or Province	Country		
	Citizenship:	Japanese				
	Post Office Address:	_c/o CKD CORPORATION, 250, Ouji 2-chome, Komaki-shi,				
	(Insert complete mailing address, including country)	Aichi-ken 485-855	51 Japan			

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE 💆

1	Typewritten Full Name of Joint Inventor	Masayuki		WATANABE	
	or come airection	Given Name	Middle Initial	Family Name	
2	Inventor's Signature:	Masaguki		Watonabe	
3	Date of Signature:	•	2006		
		Month	Day	Year	
	Residence:	Komaki-shi	Aichi-ken	Japan	
		City	State or Province	Country	
	Citizenship:	Japanese			
	Post Office Address:	c/o CKD CORPOR	ATION, 250, Ouji 2-chor	ne, Komaki-shi,	
	(Insert complete mailing address, including country)	Aichi-ken 485-855	1 Japan		
				- ·	
1	Typewritten Full Name of Joint Inventor	Yukio		OZAWA	
		Given Name	Middle Initial	Family Name	
2	Inventor's Signature:	Lukio	Ozawa		
3	Date of Signature:	April 24, 2	2006		
	•	Month	Day	Year	
	Residence:	Komaki-shi	Aichi-ken	Japan	
		City	State or Province	Country	
	Citizenship:	Japanese			
	Post Office Address:	c/o CKD CORPOR	ATION, 250, Ouji 2-chor	ne, Komaki-shi,	
	(Insert complete mailing address, including country)	Aichi-ken 485-8551 Japan			
1	Typewritten Full Name of Joint Inventor	Shigenobu		NISHIDA	
	or bount inventor	Given Name	Middle Initial	Family Name	
2	Inventor's Signature:	Shigenobi	a Nishida	-	
3	Date of Signature:	April 24, 2006			
		Month	Day	Year	
	Residence:	Komaki-shi	Aichi·ken	Japan	
		City	State or Province	Country	

Docket No.:___

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

c/o CKD CORPORATION, 250, Ouji 2-chome, Komaki-shi,

Japanese

address, including country) Aichi-ken 485-8551 Japan

Citizenship:

Post Office Address:

(Insert complete mailing

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.

IF THERE IS MORE THAN 4 INVENTORS USE PAGE 3 AND PLACE AN "X" HERE ☒

Docket No.:	

1	Typewritten Full Name of Joint Inventor	Yasunori		NISHIMURA	
		Given Name	Middle Initial	Family Name	
2	Inventor's Signature:	Yasamri		Nishimura	
3	Date of Signature:	April 24, 2	006		
	•	Month	Day	Year	
	Residence:	Komaki-shi	Aichi·ken	Japan	
		City	State or Province	Country	
	Citizenship:	Japanese			
	Post Office Address:	c/o CKD CORPORA	ATION, 250, Ouji 2-chom	ie, Komaki·shi,	
	(Insert complete mailing address, including country)	Aichi-ken 485-8551			
1	Typewritten Full Name	A1 '1 .		TT 0 0:4 TT 4	
'	of Joint Inventor	Akiko Given Name	Middle Initial	KOSAKA Family Name	
_		Akiko	Middle Initial		
2	Inventor's Signature:	ANIKO		Kosaka	
3	Date of Signature:	April 24, 2			
		Month	Day	Year	
	Residence:	Komaki-shi	Aichi-ken	Japan	
		City	State or Province	Country	
	Citizenship:	Japanese			
	Post Office Address:	c/o CKD CORPORA	ATION, 250, Ouji 2-chom	ie, Komaki-shi,	
	(Insert complete mailing address, including country)	Aichi-ken 485-8551 Japan			
			•		
1	Typewritten Full Name of Joint Inventor				
	or doute inventor	Given Name	Middle Initial	Family Name	
2	Inventor's Signature:			. a.m.y riamo	
3	Date of Signature:	Month	Devi	Year	
	5	MOTILIT	Day ·	rear	
	Residence:	O'the	Olat Buri	•	
	0:::	City	State or Province	Country	
	Citizenship:				
	Post Office Address:				
	(Insert complete mailing address, including country)				

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.

IF THERE IS MORE THAN 7 INVENTORS USE PAGE 4 AND PLACE AN "X" HERE $\ \square$